

**Account Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

<b>Shipping Preference</b>	Billing Address: _____	Shipping Address: _____
<input type="checkbox"/> Ground	_____	_____
<input type="checkbox"/> Next Day A.M.	City: _____	City: _____
<input type="checkbox"/> Next Day P.M.	State: _____	State: _____
<input type="checkbox"/> 2-Day A.M.	Zip _____	Zip: _____
<input type="checkbox"/> 2-Day P.M.		

*(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.*

**Received Date**

Thuasne USA's shipping department use only

**Patient Information**

**Fit Date:** \_\_\_\_\_

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

Male     Female    **Age** \_\_\_\_\_

**Weight** \_\_\_\_\_ (LBS)    **Height** \_\_\_\_\_ (IN)

**Leg:**  Left     Right

**Patient's Diagnosis:** \_\_\_\_\_

**Surgeries (type/date):** \_\_\_\_\_

**Ligament:**     ACL     PCL     LCL     MCL

**Meniscus Damage:**     Medial     Lateral

**Casted position:**

*It is imperative to compare angular and motion differences when evaluating the patient's static (non weight bearing) and dynamic (standing-walking) alignments.*

Seated     Standing     Supine  
 Weight Bearing     Semi Weight Bearing  
 Non Weight Bearing

**Knee Brace Options**

3 Rigid Bands: Anterior thigh band, & 2 posterior calf bands  
 4 Rigid Bands: Anterior & posterior thigh bands & 2 posterior tibia bands *(requires minimum 9 inch thigh shell)*

**Thigh Shell Length:**

3 band model     7"     8"     Other \_\_\_\_\_"

4 band model     7"     8"     Other \_\_\_\_\_"

**Tibia Shell Length:**     8"     9"     Other \_\_\_\_\_"

Single Strut KAFO With Heel Cup  
*(Must Complete Additional Form For Brace Extension)*

**Finish and Color**

**Powdercoat Finish (Lightest, Most Durable Finish)**

Black     Royal Blue     Burgundy  
 Antique Pewter *(Silver)*

**High Gloss Paint Finish**

Black     White     Steel Blue  
 Royal Blue     Burnt     Quicksilver  
 Burgundy Beige     Orange     Indy Yellow  
 Emerald Green     Dark Violet

Custom Paint Finish\* — Indicate Custom Paint # \_\_\_\_\_

**Select Hinge Position and Type of Hinges**

Set the terminal extension of the hinges to cast position

\_\_\_\_\_ **OR** \_\_\_\_\_

Set terminal extension at:  
 0°     5°     10°     15°     Other \_\_\_\_\_°

**Free Knee 5 Bar Hinges (Highest Strength)**

No Flexion Stops  
 Optional Extension Stop Kit (0, 5, 10, 15, 20 and 30 degrees)\*  
 Set Flexion Stops at:  
 15°     60     30°     75°     45°     90°

**Note:** Flexion stops are semi-permanent *(can only be removed at factory)*

**Optional Condylar Pads:**

None     Both     Medial     Lateral

**Install Extension Assist Bands/Posts\***

**Undersleeves\***

18" Cotton     18" Neoprene     22" Neoprene

**Thigh Sleeves\***

1/16 Comfort Thigh Sleeve     Infused Strap Pads\*  
 Anti-Migration Silicon

\*Indicates additional charges apply